



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section



INVOICE 2012

Make checks payable to **N.C. Division of Waste Management, Solid Waste Section**, include Permit Number and invoice number on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. [G.S. 25-3-506: A \$25.00 processing fee will be charged on all returned checks.] Please return a copy of this invoice with your payment.

Applicant Address:	Contact/Billing Information:	Facility Location Address:
	Mr. Charles Brushwood Integrated Solid Waste Director Davidson County Integrated Solid Waste 1242 Old US Hwy 29 Thomasville, NC 27360-0024	Davidson County MSW Lined Landfill 220 Davidson County Landfill Road Lexington, NC 27292

INVOICE NUMBER	INVOICE DATE	DUE DATE	AMOUNT DUE
SW012-0027	5-10-2012		\$3,000.00

A. **Permit Fee Requirements:** Pursuant to North Carolina General Statute 130A-295.8 you are required to pay fee(s) based on your solid waste management activities. The fee(s) shall be used to support the solid waste management program. An application is deemed incomplete until all fees are received.

B. **Explanation of Invoice Amount is Based on Facility's Current Permit Application**

Facility Permit #	Facility Type	Application Type	Application Date	Fee	Total Amount
2906-MSWLF-2008	MSWLF	Modification	4/18/2012	\$3,000.00	\$3,000.00
				Total Amount Due	\$3,000.00
				Amount Paid	\$0.00

C. **Remit Payment (including a copy of this invoice) To:**

Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646
Attn: Ellen Lorscheider

P A I D
CK # 54651
\$3,000.00
6/4/2012

D. **Solid Waste Contacts:**

- Questions about billing process: Liz Patterson at (919) 707-8286 or Ellen Lorscheider at (919) 707-8445
- Questions about the Regulations and Technical Assistance:
Ed Mussler (919) 707-8231 Landfills, Transfer Stations
Michael Scott (919) 707-8246 Land Application Sites, Compost Facilities

E. **Update Your Information:** Please indicate any changes in Facility or Contact Information.

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>John Murray</u>	Date Requested:	<u>5/8/2012</u>
Facility Name and Permit ID	<u>Davidson Co MSW Lined Landfil, 29-06l</u>		
Applicant (Owner) Name	<u>Davidson County Integrated Solid Waste</u>		
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input type="checkbox"/> (2)b. Amendment – Five-year Renewal <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input checked="" type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)		
Permit Fee	<u>\$ 3,000</u>		
Date Application Received	<u>4/18/2012</u>		
Contact Name, Title & Phone #	<u>Charles Brushwood - Integrated Solid Waste Director</u>		
Company	<u>Davidson County Integrated Solid Waste</u>		
911 Address	<u>220 Davidson County Landfill Road lexington, NC 27292</u>		
Mailing Address	<u>1242 Old US Hwy 29,Thomasville, NC 27360-0024</u>		
City/State/Zip	<u>Thomasville, NC 27360</u>		
Parent Company	<u>Davidson County Integrated Solid Waste County</u>		
Known Subsidiaries	<u>NA</u>		
Other known names business has operated under	<u>NA</u>		
Known Counties of Operation	<u>Davidson County</u>		
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSW, C&DLF, ,</u> Permit #: <u>29-06, 29-02,</u>		
Does the applicant have other DENR permits?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Division: <u>DAQ</u> Facility Type: <u>Methane Gas Recovery</u> Permit #: <u>_____</u>		
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>		
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>		
Other notes	<u>Permit Modification to methane gas recovery system..</u>		